

Complete Summary

GUIDELINE TITLE

Clinical guideline on infant oral health care.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatric Dentistry. Clinical guideline on infant oral health care. Chicago (IL): American Academy of Pediatric Dentistry; 2004. 4 p. [42 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
 RECOMMENDATIONS
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SCOPE

DISEASE/CONDITION(S)

Early childhood caries (ECC)

GUIDELINE CATEGORY

Counseling
 Management
 Prevention
 Risk Assessment
 Treatment

CLINICAL SPECIALTY

Dentistry
 Pediatrics

INTENDED USERS

Allied Health Personnel
Dentists
Nurses
Physicians

GUIDELINE OBJECTIVE(S)

To propose recommendations for caries-risk assessment, anticipatory guidance, preventive strategies, and appropriate therapeutic interventions to be followed by the stakeholders in pediatric oral health

TARGET POPULATION

Infants

INTERVENTIONS AND PRACTICES CONSIDERED

1. Providing oral health counseling during pregnancy
2. Incorporating infectious and transmissible nature of bacteria that cause early childhood caries (ECC) and methods of oral health risk assessment (Caries-risk Assessment Tool [CAT]), anticipatory guidance, and early intervention) in the curriculum of all medical, nursing, and allied health professional programs
3. Providing oral health risk assessment and education by age 6 months
4. Establishing a dental home for infant by 12 months of age
5. Providing general anticipatory guidance/education for mother:
 - Oral hygiene (tooth brushing/flossing)
 - Diet
 - Fluoride (fluoridated toothpaste/0.05% sodium fluoride rinse)
 - Caries removal
 - Delay of colonization
 - Xylitol chewing gum
6. Providing general anticipatory guidance for the young patient (age 0 to 3 years):
 - Oral hygiene (cleanse with washcloth or soft brush/dental floss)
 - Diet
 - Fluoride

MAJOR OUTCOMES CONSIDERED

Risk for caries

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

This guideline is based on a review of the current dental, medical, and public health literature related to infant oral health care. A MEDLINE search was conducted using the terms "infant oral health", "infant oral health care", and "early childhood caries".

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The oral health policies and clinical guidelines of the American Academy of Pediatric Dentistry (AAPD) are developed under the direction of the Board of Trustees, utilizing the resources and expertise of its membership operating through the Council on Clinical Affairs (CCA).

Proposals to develop or modify policies and guidelines may originate from 4 sources:

1. the officers or trustees acting at any meeting of the Board of Trustees
2. a council, committee, or task force in its report to the Board of Trustees
3. any member of the AAPD acting through the Reference Committee hearing of the General Assembly at the Annual Session
4. officers, trustees, council and committee chairs, or other participants at the AAPD's Annual Strategic Planning Session

Regardless of the source, proposals are considered carefully, and those deemed sufficiently meritorious by a majority vote of the Board of Trustees are referred to the CCA for development or review/revision.

Once a charge (directive from the Board of Trustees) for development or review/revision of an oral health policy or clinical guideline is sent to the CCA, it is assigned to 1 or more members of the CCA for completion. CCA members are instructed to follow the specified format for a policy or guideline. All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field. Members may call upon any expert as a consultant to the council to provide expert opinion. The Council on Scientific Affairs provides input as to the scientific validity of a policy or guideline.

The CCA meets on an interim basis (midwinter) to discuss proposed oral health policies and clinical guidelines. Each new or reviewed/revised policy and guideline is reviewed, discussed, and confirmed by the entire council.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once developed by the Council on Clinical Affairs (CCA), the proposed policy or guideline is submitted for the consideration of the Board of Trustees. While the board may request revision, in which case it is returned to the council for modification, once accepted by majority vote of the board, it is referred for Reference Committee hearing at the upcoming Annual Session. At the Reference Committee hearing, the membership may provide comment or suggestion for alteration of the document before presentation to the General Assembly. The final document then is presented for ratification by a majority vote of the membership present and voting at the General Assembly. If accepted by the General Assembly, either as proposed or as amended by that body, the document then becomes the official American Academy of Pediatric Dentistry (AAPD) oral health policy or clinical guideline for publication in the AAPD's Reference Manual and on the AAPD's Web site.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendations

1. All primary health care professionals who serve mothers and infants should provide parent/caregiver education on the etiology and prevention of early childhood caries (ECC). Oral health counseling during pregnancy is especially important for the mother.
2. The infectious and transmissible nature of bacteria that cause early childhood caries and methods of oral health risk assessment (the Caries-risk Assessment Tool [CAT]), anticipatory guidance, and early intervention should be included in the curriculum of all medical, nursing, and allied health professional programs.
3. Every infant should receive an oral health risk assessment from his/her primary health care provider or qualified health care professional by 6 months of age. This initial visit should consist of the following:
 - Assessing the patient's risk of developing oral disease using CAT
 - Providing education on infant oral health
 - Evaluating and optimizing fluoride exposure
4. Parents or caregivers should establish a dental home for infants by 12 months of age. The following should be accomplished at that visit:
 - Recording thorough medical (infant) and dental (mother or primary caregiver and infant) histories
 - Completing a thorough oral examination
 - Assessing the infant's risk of developing dental disease using CAT and determining an appropriate prevention plan and interval for periodic reevaluation based upon that assessment
 - Providing anticipatory guidance regarding dental and oral development, fluoride status, nonnutritive sucking habits, teething, injury prevention, oral hygiene instruction, and the effects of diet on the dentition
 - Planning for comprehensive care in accordance with accepted guidelines and periodicity schedules for pediatric oral health ("Clinical guideline on periodicity," 2004)
 - Referring patients to the appropriate health professional if intervention is necessary
5. Health care professionals and all stakeholders in children's health should support the identification of a dental home for all infants at 12 months of age.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate management of infant oral health needs
- An oral health risk assessment before 1 year of age affords the opportunity to identify high-risk patients and provide timely referral and intervention for the child, thus allowing an invaluable opportunity to decrease colonization of the infant.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2004

GUIDELINE DEVELOPER(S)

American Academy of Pediatric Dentistry - Professional Association

SOURCE(S) OF FUNDING

American Academy of Pediatric Dentistry

GUIDELINE COMMITTEE

Clinical Affairs Committee
Infant Oral Health Subcommittee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatric Dentistry Web site](#).

Print copies: Available from the American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 700, Chicago, Illinois 60611

AVAILABILITY OF COMPANION DOCUMENTS

Information about the American Academy of Pediatric Dentistry (AAPD) mission and guideline development process is available on the [AAPD Web site](#).

The following implementation tools are available for download from the AAPD Web site:

- [Dental growth and development chart](#)
- [American Academy of Pediatric Dentistry Caries-Risk Assessment Tool \(CAT\)](#)

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on February 25, 2005. The information was verified by the guideline developer on April 18, 2005.

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